

BEST AVAILABLE COPY

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	862.C2293
	First Named Inventor or Application Identifier	
	TSUYOSHI SHIBATA	
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
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1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.

3. ☒ Specification Total Pages 40

4. ☒ Drawing(s) (35 USC 113) Total Sheets 14

5. ☐ Oath or Declaration Total Pages
 - a. ☐ Newly executed (original or copy)

 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)

8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)

 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper

 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
<ol style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other: _____ 	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Copies of IDS Citations

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No. ____/____
Prior application information: Examiner _____		Group/Art Unit: _____	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 <small>(Insert Customer No. or Attach bar code label here)</small>	or	<input type="checkbox"/> Correspondence address below	
NAME _____				
Address _____				
City _____	State _____	Zip Code _____		
Country _____	Telephone _____	Fax _____		

JC997 U.S. Pat.
 09/902594
 07/12/01



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 80.00 =	\$ 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$270.00 =	\$ 0.00
				BASIC FEE (37 CFR 1.16(a))	\$ 710.00
			Total of above Calculations =		\$ 710.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$ 710.00

19. Small entity status


- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 710.00 to cover the filing fee is enclosed.21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Mark A. Williamson - Reg. No. 33,628
SIGNATURE	
DATE	July 12, 2001

MAW/dc